

## UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Helen Camarero

Plaintiff

Commonwealth of MA, et al

Defendant

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are: \_\_\_\_\_.

Self employed DBA Della Terri Associates

My gross pay or wages are: \$ 44<sup>00</sup> per wk and my take-home pay or wages are: \$ 528 per  
(specify pay period) year.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |   |                             |
|--|---|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| (f) Any other sources                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

Federal Food Stamps - \$194<sup>00</sup> mo.

4. Amount of money that I have in cash or in a checking or savings account: \$ 160<sup>00</sup> cash.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

automobile - \$1000 value  
 Real Estate - \$260,000 estimate Homestead  
 Real Estate - Negative value @ 40,000<sup>00</sup>

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense): Estimates:

Transportation 220  
 utilities phone etc. 160  
 maintenance/Repairs/Taxes/Fees: 320

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

None

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

None except disputed claims.

**Declaration:** I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: 5/12/17



Applicant's signature

Helen Camerm

Printed name